

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90067 032 \*\*\*\*61.25

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<b>DOCUMENT # 726416</b>					
1. Entity Name BELL SHOALS CHURCH OF CHRIST, INC.					
Principal Place of Business 2908 BELL SHOALS ROAD BRANDON, FL 33511		Mailing Address 2908 BELL SHOALS ROAD BRANDON, FL 33511			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-2365850	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COOK, HAROLD 1202 THOMAS JACOBS PL BRANDON, FL 33510			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBE, WILLIE A		NAME		
STREET ADDRESS	3707 E BLOOMINGDALE AVE		STREET ADDRESS		
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP		
TITLE	VPT	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASEY, HAROLD		NAME		
STREET ADDRESS	3402 SAM ALLEN OAKS CR		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33565		CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEASBY, MEL		NAME	SHEASBY, MEL	
STREET ADDRESS	3949 LITHIA PINECREST RD		STREET ADDRESS	1222 FAWN LAKE PL	
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP	VALRICO FL 33594	
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALE, TOMMY		NAME	HALE, TOMMY	
STREET ADDRESS	3616 SUGARLOAF LN		STREET ADDRESS	3616 SUGARLOAF LN	
CITY-ST-ZIP	VALRICO FL 33594		CITY-ST-ZIP	VALRICO FL 33594	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Harold W Cook Date: 1/6/04 Daytime Phone #: 813-685-0750